

LOBBYING ~~SUPPLEMENTAL~~ REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

**Instructions**

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**

Postmark Date: 1/30/98

REG

114782  
FEB 1 1998

✓ # 114782

\$10.00

1980514

1. NAME Narcisse Lawrence J.  
Last First MI
2. BUSINESS PHONE 504-343-9243
3. BUSINESS ADDRESS 1755 Nicholson Drive Baton Rouge, Louisiana 70802  
Street and No. City State Zip
4. EMPLOYER Louisiana Association of Educators
5. EMPLOYER'S ADDRESS P.O. Box 479 Baton Rouge, Louisiana 70821  
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Association of Educators

Address 1755 Nicholson Drive Baton Rouge, Louisiana 70802

Business or purpose Educational

☐ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

HAND DELIVERED

**SUPPLEMENTAL REGISTRATION FORM**



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_


If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Lawrence J. Narcisse, who,  
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

  
Signature of Lobbyist

Sworn to and subscribed before me on this 22 day of January, 19 98.

Monica Strickland

Notary Public

